

Houchins, Karla

From: Park, Emily [Emily.Park@huschblackwell.com]
Sent: Thursday, August 13, 2015 10:59 AM
To: Houchins, Karla
Cc: Vaughn, Tom; Wieberg, Alicia
Subject: RE: CON Proposal #5212 RS: Kingswood Assisted Living
Attachments: CON 06.02.1997.pdf; CON 6.9.1999.pdf; JEF-#271098-v1-Proposed_Project_Budget_-_CORRECTED.pdf

Karla,

This email responds to your email dated August 6, 2015 requesting additional information.

1. The space that would be converted to assisted living space is currently being used for independent living. The space is located within a 4-story building. The applicant currently has assisted living beds in three-quarters of the 1st floor, with the remainder of the building devoted to independent living. Applicant proposes to renovate the 2nd – 4th floors to become assisted living space. The existing beds on the 1st floor will be moved, and the 1st floor will no longer be utilized for assisted living facility purposes. Two non-applicability CON letters were obtained in 1997 and 1999 for the existing ALF beds. The letters are attached to this email. It is our understanding that the value of the land and building were accounted for at those times.
2. Attached to this email is a revised budget form indicating that the bond financing will be \$8,695,858. The form submitted with the application included a figure for unrestricted funds on line 13 in error. The unrestricted funds previously included in line 13 do not currently exist. Instead, these funds become available to the applicant only as a result of the bond financing.

Please let us know if any additional information is required.

Thank you,

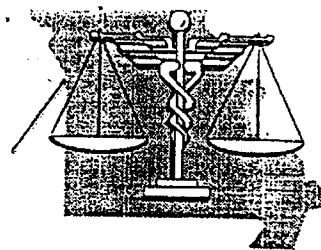
Emily M. Park
Attorney
Direct: 573.761.1120
Emily.Park@huschblackwell.com

From: Houchins, Karla [<mailto:Karla.Houchins@health.mo.gov>]
Sent: Thursday, August 06, 2015 5:07 PM
To: Vaughn, Tom
Cc: Wieberg, Alicia
Subject: CON Proposal #5212 RS: Kingswood Assisted Living

Good afternoon, Tom.

We are reviewing the CON application to add beds to Kingswood Assisted Living. Additional information is needed.

1. Is the space that would be converted to assisted living space currently used for independent living? Has this space ever been used for long-term care or medical services? If the answer is yes, please describe. If the answer is no, the current appraised value of the space should be included in the project cost; and a revised budget, an additional fee, an explanation of how the value was determined and supporting documentation of the value of the space is needed.
2. Provide documentation of the budgeted cash equity for the project in the form of a letter from a financial institution or an audited statement.
3. The population, numbers of beds and bed need calculation will be checked at a later date. If there is a question or discrepancy, we will contact you.

**MHFRC****Missouri Health Facilities Review Committee**

Rep. Scott Lakin, Chairman

600 Monroe Street, P. O. Box 570, Jefferson City, MO 65102 Voice: (573) 751-6403 Fax: (573) 751-7894

Rep. Jim Murphy

Douglas Guthals
Patrick BradySenator Harry Wiggins
Senator Peter KinderRose Brower
Neil Pollnow

June 2, 1997

Ben F. Thompson
President/Chief Executive Officer
Kansas City United Methodist Retirement Home, Inc.
10000 Wornall Road
Kansas City, MO 64114

**SUBJECT: Non-Applicable Certificate of Need letter for proposal #2493 RA
Kingswood Manor, Kansas City (Jackson County)
Establish 11 RCF beds, \$370,600**

Dear Mr. Thompson:

Pursuant to 19 CSR 60-50.400 of the Missouri Rules, as amended, the Missouri Health Facilities Review Committee recognizes that your proposal does not, at this time, require additional information. Therefore, effective today, this correspondence shall serve as your Non-Applicability Certificate of Need letter.

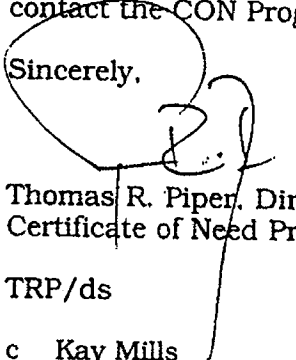
The Letter of Intent and additional information you submitted indicates that your proposal has met an exception or exemption in the CON statute. This letter may be presented to the appropriate licensing agency as part of your request for licensure or certification.

This notification is based solely on the information you have provided. Any increase in cost, or change in the scope of the proposal, may void this determination. Such action could require you to submit a new Letter of Intent and comply with the full application information requirements, including an application fee.

This finding is subject to the laws, rules and conditions in effect at the time of its completion. When the project is completed, a "Project Budget/Expenditures" form (enclosed) is required to verify actual costs of the project.

Thank you for cooperating in the CON process. If you have any questions, please contact the CON Program staff.

Sincerely,


Thomas R. Piper, Director
Certificate of Need Program

TRP/ds

c Kay Mills
Enclosure

Address any reply to: 1114 Market St., St. Louis, Mo. 63101

Department of the Treasury

District Director

Internal Revenue Service

Date:

JUL 25 1974

In reply refer to:

AU:C:E:338: M. Casey
314-622-5651



StL:EO:74:562

▷ Kansas City United Methodist
Retirement Home, Inc.
5144 Oak Street
Kansas City, Missouri 64112

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.



MHFRC

Missouri Health Facilities Review Committee

915G Leslie Boulevard, Jefferson City, MO 65101 Voice: (573) 751-6403 Fax: (573) 751-7694

Patrick Brady, Chair
Douglas Guthais, Vice-Chair

Senator Mary Groves Bland
Senator Anita Yeckel

Representative Jim Foley
Representative Jim Murphy

Dan West

June 9, 1999

Ben F. Thompson, President/CEO
Kansas City United Methodist Retirement Home, Inc.
10000 Wornall Road
Kansas City, MO 64114

**SUBJECT: Non-Applicable Certificate of Need letter for proposal #2854 RA
Kingswood Manor, Kansas City (Jackson County)
Religious exemption to add 6 RCF beds (\$0)**

Dear Mr. Thompson:

Pursuant to 19 CSR 60-50.400 of the Missouri CON Rules, the Missouri Health Facilities Review Committee recognizes that your proposal does not, at this time, require additional information. Therefore, effective today, this correspondence shall serve as your Non-Applicability Certificate of Need letter.

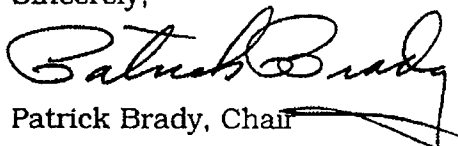
The Letter of Intent and additional information you submitted indicates that your proposal has met an exception or exemption in the CON statute. This letter may be presented to the appropriate licensing agency as part of your request for licensure or certification.

This notification is based solely on the information you have provided. Any increase in cost, or change in the scope of the proposal, may void this determination. Such action could require you to submit a new Letter of Intent and comply with the full application information requirements, including an application fee.

This finding is subject to the laws, rules and conditions in effect at the time of its completion. When the project is completed, a "Project Budget/Expenditures" form (enclosed) is required to verify actual costs of the project.

Thank you for cooperating in the CON process. If you have any questions, please contact the CON Program staff.

Sincerely,


Patrick Brady, Chair

PB/ds

c: Wes Scott, Division of Aging

Enclosure: Project Budget/Expenditures form



Certificate of Need Program

LETTER OF INTENT

Project and Applicant Information (this form must be included in the application, see note at end of next page)

1. Project Title and Location (attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Kansas City United Methodist Retirement Home, Inc. d/b/a Kingswood		County Jackson
Project Address (Street/City/State/Zip Code or plat map, if no address) 10000 Wornall Road Kansas City, MO 64114		Legislative District Number: Senate 10 House 45

2. Applicant Identification (attach additional pages as necessary to list all owners and operators)

List All Owner(s): (list corporate entity) Address (Street/City/State/Zip Code) Telephone Number

Kansas City United Methodist Home, Inc. d/b/a Kingswood	10000 Wornall Road Kansas City, MO 64114	(816) 942-0994
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List All Operator(s): (list entity to be licensed or certified) Address (Street/City/State/Zip Code) Telephone Number

Kansas City United Methodist Home, INC. d/b/a Kingswood	10000 Wornall Road Kansas City, MO 64114	(816) 942-0994
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Applicant's Authorized Designee (Print or Type)

Ben F. Thompson

Designee's Title

President/CEO

Signature of Designee (Preferably in blue ink)

Date of Signature

5-12-99

Telephone Number

(816) 942-0994

Fax Number

(816) 942-8131

3. Applicability (in accordance with §197.315 RSMo. any new institutional health service requires a CON before being offered or developed)

(Indicate the reason(s) for review or the exception/exemption sought)

- ☐ If proposed expenditures are less than the minimums in §197.305(12), then attach a Proposed Expenditures form and all necessary supporting documentation to illustrate how those amounts were determined, such as schematic drawings and equipment quotes.
- ☒ If the proposal meets one of the exemptions in §197.305(8), §197.312, §197.318 or §197.360, then attach detailed documentation substantiating compliance with the statutory provisions.
- ☐ If proposed expenditures are required solely to solve the "Year 2000 Compliance Problem" for computers as part of or related to medical equipment in §197.300(9)(E).
- ☐ If the proposal does not qualify for an exemption or an exception listed above, complete only this form as the first step in the application process.

4. Proposed Project Costs Capital: \$ -0- Equipment: \$ -0- Total: \$ -0-

5. Authorized Contact Person Identification (only one per project, regardless of number of owners/operators)

Name of Contact Person

Ben F. Thompson

Title

President/CEO

Contact Person Address (Company/Street/City/State/Zip Code)

Kansas City United Methodist Retirement Home, Inc.
10000 Wornall Road
Kansas City, MO 64114

Signature of Contact Person (Preferably in blue ink)

Date of Signature

5-12-99

Telephone Number

(816) 942-0994

Fax Number

(816) 942-8131



Certificate of Need Program

PROPOSED PROJECT BUDGET**Description****Dollars****COSTS:***

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$5,971,924
3. Subtotal Construction Costs (#1 plus #2)	\$5,971,924
4. Architectural/Engineering Fees	\$319,408
5. Other Equipment (not in construction contract)	\$439,068
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$41,506
9. Interest During Construction (net of interest earned) ***	\$793,449
10. Other Costs ***	\$1,130,503
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$2,723,934
12. Total Project Development Costs (#3 plus #11)	\$8,695,858 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$8,695,858
15. Loans	\$0
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$8,695,858 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	41,673
21. Renovated Space Costs Per Square Foot *****	\$143

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

July 3, 2015

Ms. Karla Houchins, Program Coordinator, Certificate of Need
Missouri Department of Health and Senior Services
3418 Knipp Drive, F
Jefferson City, Mo 65109

CERTIFICATE OF NEED PROGRAM

JUL 16 2015

RECEIVED

Dear Ms. Houchins,

I am writing to express my support for Kingswood Senior Living Community and their application to expand their number of assisted living beds.

I am a resident of Kingswood Senior Living Community, and I have lived here for 10 years. As I age it is of the utmost importance that we have a higher level of care available. If and when the time comes that I need assisted living, I would like to be able to stay here at Kingswood, my home, and hope there will be accessible living apartments for me to move into. Staying in the community which you already live in is extremely important to the residents. Moving to another community can be intimidating for an older adult.

I am very much in favor of and greatly support the efforts to obtain additional assisted living apartments so that Kingswood Senior Living Community will be able to meet the needs of our residents.

Sincerely,

Milton W. Adams